

Attorney Docket No.: PALM-3548.SG

2629 1174

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

envelo	pe bearing	at this transmittal of the below of First Class Postage and address of deposit.	described document is ssed to the Commissio	being deposited with the United ner for Patents P.O. Box 1450,	States Postal Service in an Alexandria, VA 22313-1450,			
Date of Deposi	f 03/26		Donna Petford	Signature of the Person Making the Deposit:	Dolen Repose			
In re	Application	on of: Shawn Gettemy						
Applic	cation No	.: 09/773,136	Examine	r: Shapiro, Leonid				
Filed:	01/30/0	I	Art Unit:	2629				
Confi	rmation i	No.: 5397						
For: F	LEXIBL	E SCREEN DISPLAY WIT	TH TOUCH SENS	OR IN A PORTABLE COM	MPUTER			
		for Patents						
	30x 1450	) A 22313-1450			•			
Alexa	nuna, v	R 22313-1430	<u>AMENDMENT</u>	TRANSMITTAL				
1.	Trans	mitted herewith is an ame	endment for this ap	plication				
	( 17	ted herewith is a response sheets) led herewith are		n for the above identified p	patent application.			
2.	Applic	ant is other than a small e	entity					
			Extension of	of Term				
3.	The p	oceedings herein are for	a patent application	n and the provisions of 37	C.F.R. 1.136 apply.			
(a)	[X] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)							
		Extension [ ] one month [ X ] two month [ ] three month [ ] four months [ ] five months	s s	Fee 6120.00 6450.00 61,020.00 61,590.00 62,160.00 62,160.00 1 FC:1252	ELETE1 00000004 09773136 450.00 OP			
If an a	additiona	extension of time is requ	ired, please consid	der this a petition therefor.				
(b)	[]		for the possibility th	m is required. However, at applicant has inadverte				

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## **Fee Calculation**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)									
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total				
Total Claims	17	-20 =	0	x \$50.00	0.00				
Independent Claims	3	- 3=	0	x \$200.00	0.00				
Multiple Dependent Claim Fee (one or more, first added by this \$360.00 amendment)									
Total Fees									

## **PAYMENT OF FEES**

- 5. The full fee due in connection with this communication is provided as follows:
- [ ] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

  A duplicate copy of this authorization is enclosed.
- [X] A check in the amount of \$450.00
- [ ] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

## WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Customer No:

Respectfully submitted,

Date: 3-26-2007

Amir A. Tabarrok Reg. No. 57,137